

Project Startup Report

Submitted to Project Oversight on 08/28/2024

GENERAL INFORMATION

Project Name: Bed Management System

Agency Name: Health and Human Services

Project Sponsor: James Knopik

Project Manager: Howard Schultz

PROJECT DESCRIPTION

This project will implement an electronic bed registry system for the Department of Health and Human Services (DHHS) agency. The project is driven by a legislative bill passed in the 67th North Dakota Legislative Assembly (2021-2023) to procure and implement a Behavioral Health Bed Registry System. Additionally, the legislative bill included a requirement for all behavioral health residential and inpatient providers to participate.

The software solution is a Commercial Off the Shelf (COTS) product hosted, owned and managed by Bamboo Health.

BUSINESS NEEDS AND PROBLEMS

Service providers and crisis staff expend significant time manually determining bed availability for referral purposes by contacting multiple healthcare facilities.

The State of North Dakota does not have a central data system to track and monitor behavioral health bed availability, capacity, or utilization. As a result, the State of North Dakota has limited data collection abilities needed to determine funding appropriations and to formulate policy decisions.

PROJECT BASELINES

Project Start Date	Baseline End Date	Baseline Budget	Funding Source
1/6/2022	12/6/2024	\$577,678.00	Federal and State

Notes:

90% from Medicaid

10% from General Funds

OBJECTIVES

Business Objective	Measurement Description
Accurate bed availability reporting for service providers and crisis staff with decreased manual effort determining if facility meets patient/client needs.	At project Execution start, a qualitative assessment will be formulated to determine time expended identifying available beds per patient's/client's needs. After 3-months post-go-live, a qualitative assessment will be performed to measure overall improvement on time expended identifying available beds per patient/client's needs.
Statewide bed utilization data and reports are available to authorized stakeholders.	After go-live, the bed utilization data and associated reports are available and can be accessed by authorized staff.
95% of targeted facilities report bed availability data.	At project Execution start, target facilities will be identified to report bed availability data to the system. After 3 months post-go-live, 95% of facilities identified to report bed availability data will be included within the system.

KEY CONSTRAINTS AND/OR RISKS

Risks of doing this project:

- Using the HIN to gather A20 bed messages. The vendor has used these types of messages in the past but don't consider them to give accurate information. This would leave the state without any automated bed counts for providers using the Bed Management System.
- This project could pull provider staff away from other daily workflows.

Risks of not doing or completing this project:

- The state would not be completing the legislative decision to have a Behavioral Beds Management system.
- Staff looking for Behavioral beds in the state would be done with emails and phone calls.
- Legislative reports for bed availability and usage would not be automated.